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FACSIMILE COVER LETTER

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TC3600 Before Final

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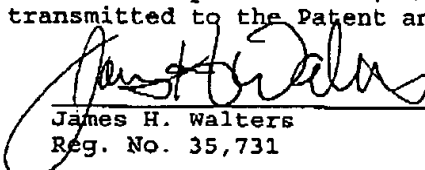
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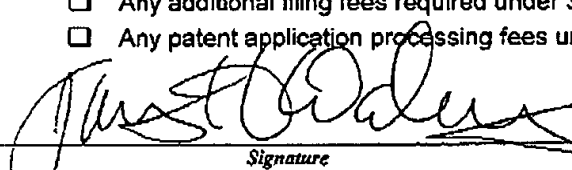
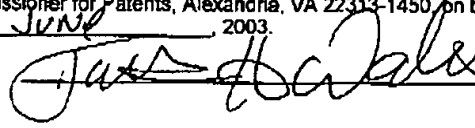

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. Y-199		
Applicant(s):					
Serial No. 10/081,881	Filing Date Feb. 22, 2002	Examiner S.K. Kim	Group Art Unit 3654		
Invention: LAMINATION APPARATUS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: June 13, 2003</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div> _____ Signature James H. Walters, Reg. No. 35,731 Customer number 802 Dellelt & Walters Suite 1101, 310 SW 4th Ave. Portland, OR 97204 US 503-224-0115</div><div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;">Certificate of Facsimile Transmission I hereby certify that this document and fee is being FAXED to the Commissioner for Patents, Alexandria, VA 22313-1450, on this <u>13th</u> day of <u>JUNE</u>, 2003.  _____ Signature of Person Mailing Correspondence JAMES H WALTERS _____ Typed or Printed Name of Person Mailing Correspondence</div></div><div style="margin-top: 20px;">cc:</div></div>					